

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL

(File Original and 3 copies)

Docket No. 00-0357
ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

LD Exchange.com, Inc. :
Application for a certificate of :
Interexchange authority :
to operate as a reseller :
of telecommunications :
services throughout the :
State of Illinois. :

ILLINOIS
COMMERCE COMMISSION
MAY 16 10 33 AM '00
CHIEF CLERK'S OFFICE

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 33-0740085

LD Exchange.com, Inc.

Address: Street 2510 N. Redhill Avenue; Suite 230

City Santa Ana State/Zip California 92705-5542

2. Authority Requested: (Mark all that apply) ☐ 13-403 ☒ 13-404 ☐ 13-405

3. Request for waivers/variances: In applications for exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting.

☒ Part 710 ☒ Part 735 ☒ Section 735.180 ☐ Other

4. In what area of the state does the Applicant propose to provide service?

Statewide

5. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution

- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address, if any. **See Attachment A.**

7. Please check type of organization?

☐ Individual

 ☒ Corporation
☐ Partnership

 Date corporation was formed: January 15, 1997

 In what state? Delaware
☐ Other (Limited Liability Company)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. **See Attachment B.**

9. List jurisdictions in which Applicant is offering service(s).

California

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details)

 ☒ NO

11. Have there been any complaints against the Applicant in any other jurisdiction?

☐ YES
 ☒ NO

If YES, describe fully. _____

12. Will the Applicant keep its books and records in Illinois? ☐ YES ☒ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

Pursuant to Adm Code Part 250, Applicant hereby respectfully requests permission to keep its books and records in the State of California at its principal place of business. Applicant will make such records available to the Commission upon request, and will reimburse the Commission for any necessary expenses to review such information.

MANAGERIAL

13. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms. **See Attachment C.**

14. List officers of Applicant.

<u>John Snedegar</u>	<u>Chief Executive Officer</u>
<u>Joseph L. Putegnatt</u>	<u>President</u>
<u>Patrick F. Stone</u>	<u>Executive Vice President</u>
<u>Dale Christensen</u>	<u>Treasurer</u>
<u>M'Liss Jones Kane</u>	<u>Executive Vice President and Secretary</u>

15. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ☒ YES ☐ NO

If YES, list entity. Pat Stone, is also a director of ACS Systems, Inc., a provider of interexchange service, which has the same parent company as Applicant. M'Liss Jones Kane is also an officer of ACS Systems, Inc.

16. How will Applicant bill for its service(s)? Applicant will bill on a monthly basis. Applicant's bills will include call detail information, and separate line items for all services and charges, including any monthly recurring charges, onetime charges, taxes or surcharges

17. How does Applicant propose to handle service, billing, and repair complaints?
Service, billing and repair complaints can be reached through a toll-free number. If the customer is not satisfied with the complaint resolution, customer will be advised it can contact the Illinois Commerce Commission for resolution.

18. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ☐ NO

19. What telephone number(s) would a customer use to contact your company?

(888) 435-7526

20. What are your procedures to prevent unauthorized "slamming" of customers?

For presubscribed service, the company will obtain a written letter of agency prior to implementing a carrier change and prior to commencing service.

21. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and 772?

☐ YES ☐ NO (If no, please provide an explanation.) **NOT APPLICABLE, APPLICATION IS FOR INTEREXCHANGE SERVICE ONLY**

22. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation? ☐ YES ☒ NO

FINANCIAL

23. Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service. **See Attachment D.**

TECHNICAL

24. Does Applicant utilize its own equipment and/or facilities? ____ YES ____X__ NO

If YES, please list: _____

If NO, which facility provider(s)'s services does Applicant use?

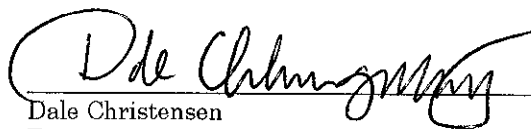
MCI WorldCom

25. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, local service).

Debit cards and long distance service, including 1+ outbound dialing, 800/888 toll-free inbound dialing and calling cards, and directory assistance.

26. Will technical personnel be available at all times to assist customers with service problems?
____X____ YES ____NO

27. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? ____YES ____NO NOT APPLICABLE


Dale Christensen
Treasurer

VERIFICATION

This application shall be verified under oath.

OATH

State of California)
)ss
County of Orange)

Dale Christensen makes oath and says that he/she is Treasurer
(Insert here the name of affiant) (Insert the official title of the affiant)

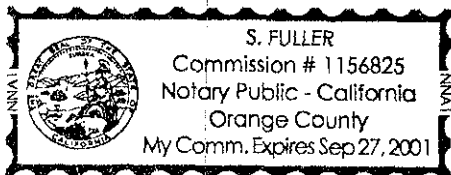
of LD Exchange.com, Inc.
(Insert here the exact legal title or name of the Applicant)

that he/~~she~~ has examined the foregoing application and that to the best of his/~~her~~ knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

Dale Christensen
Dale Christensen
Treasurer

Subscribed and sworn to before me, a Notary Public/ S. Fuller
(Title of person authorized to administer oaths)

in the State and County above named, this 9 day of May 2000.



S. Fuller
(Signature of person authorized to administer oath)

List of Attachments

- A Designated Contact Persons
- B Certificate of Incorporation, as amended and Certificate of Authority
- C Management & Technical Information
- D Financial Information